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APPLICANTS

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** CONTINUING DATA *****

** FOREIGN APPLICATIONS *****

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Foreign Priority claimed 35 USC 119 (a-d) conditions met	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	STATE OR COUNTRY DE	SHEETS DRAWING 10	TOTAL CLAIMS 22	INDEPENDENT CLAIMS 2
Verified and Acknowledged	Examiner's Signature _____ Initials _____				

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TITLE

Quantification of beta amyloid

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
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